

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

IN THE INTEREST OF

DEPENDENT ADULT

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PROBATE NO. GC_____

**PETITION FOR EMERGENCY ORDER
PURSUANT TO IOWA CODE SECTION
235B.19**

COMES NOW, the Iowa Department of Human Services for Polk County and pursuant to Iowa Code §235B.19(7), requests the Court enter an Emergency Order authorizing the provision of protective/medical services to DEPENDENT ADULT and in support states:

1. DEPENDENT ADULT, DOB: _____, residing at _____, is a dependent adult as defined in Iowa Code §235B.2(4).

2. The above dependent adult has been subjected to dependent adult abuse, as defined in Iowa Code Section 235B.2(5), and is in need of the following services and/or injunctive relief:

DEPENDENT ADULT shall be transported to a hospital as designated by DHS for medical evaluation and shall be admitted if recommended by the treating medical providers. When discharged, DEPENDENT ADULT shall be placed as determined by DHS in consultation with the treating medical providers. All medical decisions shall be made by the treating medical providers.

3. The undersigned Department of Human Services Adult Protective Worker states the following in support of the petition:

<<<insert info from affidavit>>>

WHEREFORE, it is requested that the Court, pursuant to Iowa Code Section 235.19, enter an Order providing protective and medical services to the dependent adult and that such Order remain in effect until further notice by the Court and/or until a hearing is held addressing this matter.

Dated this 15 June 2015.

Respectfully submitted,

Celene Gogerty AT0002830
Assistant Polk County Attorney
Polk County Attorney's Office
206 6th Ave., 3rd Floor
Des Moines, Iowa 50309
(515) 286-3417
(515) 323-5251 Fax

I have read this Petition for Emergency Order and verify that it is true and correct.

Polk County Department of Human Services

Sworn and subscribed to before me June 15, 2015 by the above-signed Department of Human Services Worker.

Notary Public in and for the State of Iowa

Original Filed

Copies to:
Dependent Adult DEPENDENT ADULT
Asst. County Atty. Celene Gogerty
Attorney & GAL for Dep. Adult
DHS
Law Enforcement Agency

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

IN THE INTEREST OF

DEPENDENT ADULT

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PROBATE NO. GC_____

**EMERGENCY ORDER AUTHORIZING
PROTECTIVE/MEDICAL SERVICES UNDER
IOWA CODE SECTION 235B.19**

Now on this 15 June 2015, the Court, having been presented with a Petition for Emergency Order Authorizing Protective/Medical Services pursuant to Iowa Code Section 235B.19, **FINDS** there is probable cause to believe that dependent adult abuse presents an immediate threat to the health or safety of, or irreparable harm to the physical or financial resources of, DEPENDENT ADULT, DOB: _____, currently residing at _____, a dependent adult, and that DEPENDENT ADULT lacks the capacity to consent to the receipt of such protective/medical services and there is no one available to consent to such services.

As a result of the above finding, pursuant to Iowa Code Section 235B.19(3), (4) the **COURT ORDERS** the following:

DEPENDENT ADULT shall be transported to a hospital as designated by DHS for medical evaluation and shall be admitted if recommended by the treating medical providers. When discharged, DEPENDENT ADULT shall be placed as determined by DHS in consultation with the treating medical providers. All medical decisions shall be made by the treating medical providers.

Pursuant to Iowa Code Section 235B.19(3)(c) an Officer with the City of Des Moines Police Department if needed, and Emergency Services Personnel, are **ORDERED** to accompany a representative from the Iowa Dept. of Human Services and to assist in any manner reasonably necessary to carry out the provisions of this Order.

Any and all Fees associated with the filing of this Order and/or any prior Petition are **WAIVED**.

Pursuant to Iowa Code Section 235B.19(5), this Order expires at the end of 72 hours from when issued, unless the 72nd hour ends on a Saturday, Sunday, or Legal Holiday, and in such event this Order expires at 4:00 PM on the first succeeding business day.

It is further **ORDERED** that, pursuant to Iowa Code Section 235B.3(9)(c),
_____ is appointed as Attorney and Guardian ad
Litem for DEPENDENT ADULT at Polk County Expense.

It is further **ORDERED** pursuant to Iowa Code Section 22.7 that all exhibits entered with regard to the above-titled petition are **CONFIDENTIAL**. The Clerk of Court is ordered to **SEAL** all such exhibits and they shall not be accessed without a Court order. These documents shall be kept in the court file sealed in a separate envelope.

SO ORDERED

JUDGE, 5th JUDICIAL DISTRICT

Original Filed

Copies to:
Dependent Adult DEPENDENT ADULT
Asst. County Atty. Celene Gogerty
Attorney & GAL for Dep. Adult
DHS
Law Enforcement Agency
Service Provider

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

IN THE INTEREST OF

DEPENDENT ADULT

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PROBATE NO. GC _____

**CONFIDENTIAL SOCIAL SECURITY
NUMBER FORM**

Please note: This form is for the submission of social security numbers **ONLY**. Dates of birth and employer identification numbers are not confidential and should appear on the heading or face of the petition, answer, etc. Please print or type all information.

Name
Ward: DEPENDENT ADULT

Social Security Number

DOB

Information supplied by _____, Department of Human Services

Signature: _____ Date June 15, 2015